

Assigned DOGM File No.: S/0210035
DOGM Lead: lynn
Permit Fee \$ Ck#

7444

**STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING**

1594 West North Temple Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801
Telephone: (801) 538-5291 Fax: (801) 359-3940

NOTICE OF INTENTION TO COMMENCE SMALL MINING OPERATIONS

The information requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1987, and the General Rules as promulgated under the Utah Minerals Regulatory Program (R647). The rules and Act are available online at <http://www.rules.utah.gov/publicat/code/r647/r647.htm> and http://le.utah.gov/~code/TITLE40/40_08.htm.

Cultural Resources Survey: To fulfill its obligations under Utah Code Annotated 9-8-404, the Division needs cultural resource (archaeology) information. The amount and type of information required will depend on the mine location, the history of previous disturbance, and other factors. Please contact the Division for further information.

A permit fee of \$150 or \$500 must accompany this application (Utah Code Ann. §40-8-7(1)(i)) and is due annually. The fee is \$150 for a mine with a disturbed area of five acres or less, and the fee is \$500 if the disturbed area is between five and ten acres.

"Small Mining Operations" are operations which have a disturbed area of ten or fewer surface acres at any time in unincorporated areas, or five acres or fewer in incorporated areas.

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I. GENERAL INFORMATION (Rule R647-3-104)

1. Name of Mine: HIGHLAND MIST/PAN GREEN MINE Div. of Oil, Gas & Mining
2. Operator Name: CORNERSTONE INDUSTRIES INC.

Mailing Address: 615 PALM AVENUE
City, State, Zip: MORGAN HILL CA 95037
Phone: 408.833.8676 Fax:
E-mail Address: lisaflippo@cornerstoneindustriesinc.com

Type of Business: Corporation (☒), LLC (☐), Sole Proprietorship (dba) (☐)
General Partnership (☐), Limited Partnership (☐), Individual (☐).

Business Entity (not individuals) must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC) If not currently registered, contact www.commerce.utah.gov to renew or apply. Business Entity #: 8237617-0142

Local Business License #: (if required)
Issued by: County: or City:

3. Contact Person(s):

Registered Utah Agent (as identified with the Utah DOC) (if individual leave blank):

Name: Incorp Services Inc. Title:
Address: 1226 W SOUTH JORDAN PKWY STE B
City, State, Zip: South Jordan, UT 840955966
Phone: Fax:
E-mail Address:

I.3. Contact Person(s) (continued):

This person to be notified for: permitting (☒) surety (☒) (check all that apply)

Name: Eric Flippo Title: President

Address: 615 Palm Avenue

City, State, Zip: Morgan Hill, CA 95037

Phone: 408.438.6632 Fax: _____

Emergency, Weekend, or Holiday Phone: 408.833.9676

E-mail Address: ericflippo@cornerstoneindustriesinc.com

This person to be notified for: permitting (☐) surety (☐) (check all that apply)

Name: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Emergency, Weekend, or Holiday Phone: _____

E-mail Address: _____

4. If Business is a Sole Proprietor (dba) or Individual:

Name of Owner: _____ Title: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

If Business is a Corporation:

Name of Officers: Eric Flippo Title: President

Name: Lisa Flippo Title: Secty/Treas

Name: _____ Title: _____

Name: _____ Title: _____

Headquarters Address: 615 Palm Avenue

City, State, Zip: Morgan Hill, CA 95037

Phone: 408.833.9676 Fax: _____

E-mail Address: lisaflippo@cornerstoneindustriesinc.com

If Business is a Limited Liability Company: Member Managed (☐) Manager Managed (☐)

Name of 1st Member/Manager: _____ Title: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Name of 2nd Member/Manager: _____ Title: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

If Business is a Partnership:

Names of Partners: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____